

Document Page 1 of 2

FORM 5. INVOLUNTARY PETITION

Best Case Bankruptcy

Name of Debtor Valet Parking Service, Inc.

OFFICIAL FORM 5 - Involuntary Petition - Page 2

Case No. _____

TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X William Coli
Signature of Petitioner or Representative (State title)

Teamsters Local Union No. 727 Health and Welfare Fund

Name of Petitioner 6/14/07 Date Signed

Name & Mailing Address of Individual Signing in Representative Capacity
William Coli - Funds Manager
5940 West Montrose Avenue
Chicago, IL 60633

X Bruce Scalabrino 6/18/07
Signature of Attorney Date

Bruce C. Scalabrino

Name of Attorney Firm (If any)
Scalabrino & Arnoff, LLP
One North LaSalle Street
Suite 1600
Chicago, IL 60602

Address

Telephone No. (312) 629-0545

X William Coli
Signature of Petitioner or Representative (State title)

Teamsters Local Union No. 727 Pension Fund

Name of Petitioner 6/14/07 Date Signed

Name & Mailing Address of Individual Signing in Representative Capacity
William Coli - Funds Manager
5940 West Montrose Avenue
Chicago, IL 60633

X Bruce Scalabrino 6/18/07
Signature of Attorney Date

Bruce C. Scalabrino

Name of Attorney Firm (If any)
Scalabrino & Arnoff, LLP
One North LaSalle Street
Suite 1600
Chicago, IL 60602

Address

Telephone No. (312) 629-0545

X William Coli
Signature of Petitioner or Representative (State title)

Teamsters Local Union No. 727 Legal and Educational Assistance Fund

Name of Petitioner 6/14/07 Date Signed

Name & Mailing Address of Individual Signing in Representative Capacity
William Coli - Funds Manager
5940 West Montrose Avenue
Chicago, IL 60633

X Bruce Scalabrino 6/18/07
Signature of Attorney Date

Bruce C. Scalabrino

Name of Attorney Firm (If any)
Scalabrino & Arnoff, LLP
One North LaSalle Street
Suite 1600
Chicago, IL 60602

Address

Telephone No. (312) 629-0545

PETITIONING CREDITORS

Name and Address of Petitioner Teamsters Local Union No. 727 Health and Welfare Fund 5940 West Montrose Avenue Chicago, IL 60633	Nature of Claim Unpaid Health and Welfare Fund Contributions	Amount of Claim 672,827.88
Name and Address of Petitioner Teamsters Local Union No. 727 Pension Fund 5940 West Montrose Avenue Chicago, IL 60633	Nature of Claim Unpaid Pension Fund Contributions	Amount of Claim 236,902.56
Name and Address of Petitioner Teamsters Local Union No. 727 Legal and Educational Assistance Fund 5940 West Montrose Avenue Chicago, IL 60633	Nature of Claim Unpaid Legal and Education Assistance Fund Contributions	Amount of Claim 20,728.56
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims 930,459.00

0 continuation sheets attached